IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Attorney Docket No.: 117082 OLIFF & BERRIDGE, PLC P.O. Box 19928 Date: September 10, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 MAIL STOP PATENT APPLICATION Facsimile: (703) 836-2787 NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application IMAGING DEVICE AND VEHICLE CIRCUMFERENCE VISUALIZING APPARATUS For (Title): Masayoshi IMOTO By (Inventors): Formal drawings (Figs. <u>1-12</u>; <u>7</u> sheets) are attached.

Use Figure _____ for front page of Publication. \boxtimes A Declaration and Power of Attorney is filed herewith. filed This application claims benefit of Provisional Application No. (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to Autonetworks Technologies, Ltd., Sumitomo Wiring Systems Ltd. And Sumitomo Electric Industries, Ltd. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-263826 filed September 10, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \bowtie The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF

ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE	* *** *** *** *** *** *** *** *** ***	
TOTAL CLAIMS	19 - 20	= *0
INDEP CLAIMS	2 - 3	= *0
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED		

^{*} If the difference is less than zero, enter "0".

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Check No. 146095 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the \boxtimes Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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